

## RECEIVED

FEB 1 4 2008

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## MAINE ETHICS COMMISSION

## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

Please check if this is an update to a p	previously filed statement for the calendar'y	ear 2007
	LEGISLATOR INFORMATION	
Name May E Bryan Mailing address		Member of: ☐ House ☐ Senate
166 AUDION Pd City, zip code		District / / / /
Windham M	E	Phone 307 892-659.
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY A	NOTHER
List the name and address of each emplo- principal type of economic activity of each en	yer from whom you received compensation mployer.	on of \$1,000 or more. Specify the
Name of Employer  SHATE OS NATE	Address State State	Principal Type of Economic Activity of Employer
	Avovsta ME	
ME TURNPTHE Dythority	River side Street Portland ME	Roads + Bridges
The state of the s		The state of the s
	DME DERIVED FROM SELF-EMPLOYME Legislators who are self-employed.)	
A. List the name and address of your busin derived income. If associated with a partners areas of economic activity of that entity.	anna if i'ii	economic activity from which you ilar business entity, list the major
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Address:		Dustriess entity)
Name: Address:		

DADT 2 COMMISSION INCOME DE	RIVED FROM SELF-EMPLOYMENT
The state of the s	are self-employed.)
is aroster, and specify the principal type of economic activity of the	epresents more than 10% of your gross income or \$1,000, whichever entity or person from whom you derived such income. If this form of essional ethics, specify only the principal type of economic activity of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	A BI IAA MA
Address:	
Name:	saalin maara
Address:	
(For Legislators who ar	REAS OF PRACTICE e attorneys-at-law-only.)
List your major areas of practice. If associated with a law firm, list the	
Name and Address of Firm	Major Areas of Practice Major Areas of Practice (self) (firm)
Name:	
Address:	
Name:	
Address:	
	URGES OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1, 2	, or 3 of this form. Do not include gifts. If none, check the box.
☐ None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	- Section - Sect
Address:	
- Name:	Anthrope de la constant de la consta
Address:	annum.
3	ABLELIABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list loans from a	ore that you received during the reporting period, and list the major relative. If none, check the box
☐ None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
	Activity of Greditor
Name:	MARKA MARKA
Address:	
Name:	AL ADMINISTRAÇÃO
Address:	
differential for the property of the control of the	RTABLE GIFTS A
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more than \$300 from a single source. If
None	
Name of Source of Gift	Name of Source of Gift  3.
2.	4.

The state of the s	PART 7. REPORTAL appearances or speeche	es rélatec	to you	IRIA proficial duties. If none, check the bo	
14011G			April April April	and white the state of the control o	X.
Name of Source of Honorari	ia	Annual transmit to a collect	***************************************	Name of Source of Honoraria	
<b>.1.</b>		**************************************	and secretary services	income and interest permanent and administration of the rest of the second administration and administration administration and administration administration and administration administration administration administration	عجده
2.	HISTORY OF THE PARTY OF THE PAR	Carral San Carrage	- MEAN (TO)		
PART 8. RI	EPRESENTATION B	EFORE	STAT	E ACENCIES.	Grund, See
List each executive branch agency before which the box.	ch you represented or a	ssisted o	others f	or compensation of any amount. If a	
None	Manuscript Control (Manuscript Control (Manusc		- There was below to the second	or only amount. If i	ione
Name of Agency	A STATE OF THE PROPERTY OF THE	(ut	diameter in the second	Charment and the second	
To a second resista from a designation designation of the second	a manufact the through of the majoral death that the submitted Administration in the last of a through opposite	and the second second second second	may had an all and a second	Name of Agency	evide have
THE PROPERTY OF THE PROPERTY O	3.	Total and the same of the same			٠.
<u>.                                    </u>				The second secon	
DACT					
	9. BUSINESS WITH	STATE	AGE	NCIES 3 2 2	
	k the box.	mediate	tamily:	sold goods or services with a value in	exc
None		- Children	*	THE MILES OF CONTRACT AND SHEET AND SHEET PROPERTY HAS BEEN AND SHEET AND TO SHEET AND THE SHEET PROPERTY AND SHEET PROPERTY AN	Kwaja <b>ran</b> ja
Name of Agency		X Proper appropriate Commission	and the second	Name of Agency	<del>Televisia</del>
	<b>3.</b>			Contact Acres on the Annual Contact and Annual Acres of Contact Annual Contact An	Nood mydro ad
The second secon	White the second	ENGINEERI ACINI PARKETA SARRIAN SARRIAN	NW TO THE RESERVE		**************************************
	4.				
t the type of economic activity representing ea	RECEIVED BY MEM	BERS C	EIMN	MEDIATE FAMILY	
n) during the reporting period and the kind of in for income received by dependents.	ich source of income of icome represented. Do	\$1,000 on not inclu	OF IMN or more de gifts rcle opriate	e received by your spouse or depend s. Circle "S" for income received by s	lent pous
n) during the reporting period and the kind of in for income received by dependents.  Type of Economic Activity Representing Source	ich source of income of icome represented. Do	\$1,000 c not inclu Cli appro	or more de gifts	PEDIATE FAMILY  Preceived by your spouse or depends. Circle "S" for income received by s  Kind of Income	lent pous
n) during the reporting period and the kind of in for income received by dependents.	ich source of income of icome represented. Do	\$1,000 c not inclu Cli appro	or more de gifts role ppriate	e received by your spouse or depend s. Circle "S" for income received by s Kind of Income	lent pous
n) during the reporting period and the kind of in for income received by dependents.  Type of Economic Activity Representing Source	ich source of income of icome represented. Do	\$1,000 c not inclu Ch appro	or more de gifts rcle ppriate ter	e received by your spouse or depend s. Circle "S" for income received by s	lent
n) during the reporting period and the kind of in for income received by dependents.  Type of Economic Activity Representing Source	ich source of income of icome represented. Do	\$1,000 continctured inclusions (Circles) (S)	or more de gifts rcle ppriate ter	e received by your spouse or depend s. Circle "S" for income received by s Kind of Income	lent
n) during the reporting period and the kind of in for income received by dependents.  Type of Economic Activity Representing Source	ich source of income of icome represented. Do	\$1,000 c not inclu Ch appro	or more de gifts rcle ppriate ter	e received by your spouse or depend s. Circle "S" for income received by s Kind of Income	lent
n) during the reporting period and the kind of in for income received by dependents.  Type of Economic Activity Representing Source	ich source of income of icome represented. Do	\$1,000 continctured inclusions (Circles) (S)	or more de gifts role priate ter D	e received by your spouse or depend s. Circle "S" for income received by s Kind of Income	lent
n) during the reporting period and the kind of in for income received by dependents.  Type of Economic Activity Representing Source	ich source of income of icome represented. Do	\$1,000 continctured inclusions in the second i	or more de gifts role priate ter D	e received by your spouse or depend s. Circle "S" for income received by s Kind of Income	lent pous
n) during the reporting period and the kind of in for income received by dependents.  Type of Economic Activity Representing Source	ich source of income of income represented. Do e of Income Received  SIGNATURE	\$1,000 continctured inclusions in	or more de gifts role poriate ter D	E received by your spouse or depends. Circle "S" for income received by s  Kind of Income  Complay went	pous
n) during the reporting period and the kind of in for income received by dependents.  Type of Economic Activity Representing Source	ich source of income of income represented. Do e of Income Received  SIGNATURE	\$1,000 continctured inclusions in	or more de gifts role poriate ter D	E received by your spouse or depends. Circle "S" for income received by s  Kind of Income  Complay went	pous
ch) during the reporting period and the kind of in a for income received by dependents.  Type of Economic Activity Representing Source  Ourselves and the kind of in a for income received by dependents.  Type of Economic Activity Representing Source  Ourselves and the kind of in a for income received by dependents.	signature  Signature  statement is subject to	\$1,000 continctured included i	or more de gifts role poriate ter D D D of \$10	E received by your spouse or depends. Circle "S" for income received by s  Kind of Income  Compley ment  per business day until the report	pous
gislator who willfully fails to file a required so.  R.S.A. § 1017-A)	signature  statement is subject to	\$1,000 continctured included i	or more de gifts role private ter D D D of \$10	E received by your spouse or depends. Circle "S" for income received by s  Kind of Income  Compley ment  per business day until the report	pous
gislator who willfully fails to file a required s R.S.A. § 1017-A)  ntentional filing of a false statement is a Classic of the commission determines that a Legislator determines determines that a Legislator determines that a Legislator determines that a Legislator determines that a Legislator determines t	SIGNATURE statement is subject to ss E crime. If the Congs of fact to the Attorn	\$1,000 continctured inclusions in	or more de gifts role popriate ter:  D D D of \$10	Ereceived by your spouse or depends. Circle "S" for income received by s  Kind of Income  Compley Ment  per business day until the report	pous pous pous pous pous pous pous pous
gislator who willfully fails to file a required s R.S.A. § 1017-A)  Intentional filing of a false statement is a Classily filed a false statement, it shall refer its finding commission determines that a Legislator has egislator shall be presumed to the kind of in	SIGNATURE Statement is subject to ss E crime. If the Conngs of fact to the Attorn swillfully failed to file a	\$1,000 continctured inclusions in	or more de gifts role popriate ter D  D  D  of \$10  reconceral.	received by your spouse or depends. Circle "S" for income received by s  Kind of Income  Compley Ment  per business day until the report income that it appears that a Legislander or has willfully filed a folce state.	pous is fil
gislator who willfully fails to file a required s R.S.A. § 1017-A)  ntentional filing of a false statement is a Class ly filed a false statement, it shall refer its finding commission determines that a Legislator has encislator shall be pregumed to the late of the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislated to the commission determines that a Legislator has encislated to the commission determines that a Legislator has the commissio	SIGNATURE Statement is subject to ss E crime. If the Conngs of fact to the Attorn swillfully failed to file a	\$1,000 continctured inclusions in	or more de gifts role popriate ter D  D  D  of \$10  reconceral.	received by your spouse or depends. Circle "S" for income received by s  Kind of Income  Compley Ment  per business day until the report income that it appears that a Legislander or has willfully filed a folce state.	pous is fil
gislator who willfully fails to file a required s R.S.A. § 1017-A)  ntentional filing of a false statement is a Class ly filed a false statement, it shall refer its finding commission determines that a Legislator has encislator shall be pregumed to the late of the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislator shall be pregumed to the commission determines that a Legislator has encislated to the commission determines that a Legislator has encislated to the commission determines that a Legislator has the commissio	SIGNATURE Statement is subject to ss E crime. If the Conngs of fact to the Attorn swillfully failed to file a	\$1,000 continctured inclusions in	or more de gifts role popriate ter D  D  D  of \$10  reconceral.	received by your spouse or depends. Circle "S" for income received by s  Kind of Income  Compley Ment  per business day until the report income that it appears that a Legislander or has willfully filed a folce state.	pous is fil
en) during the reporting period and the kind of in "for income received by dependents.  Type of Economic Activity Representing Source	SIGNATURE Statement is subject to ss E crime. If the Conngs of fact to the Attorn swillfully failed to file a	\$1,000 continctured inclusions in	or more de gifts role popriate ter D  D  D  of \$10  reconceral.	received by your spouse or depends. Circle "S" for income received by s  Kind of Income  Compley Ment  per business day until the report income that it appears that a Legislander or has willfully filed a folce state.	pous is fil

ADDITIONAL INFORMATION  Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number information you are providing.  Particlesion Number	NAME:						DATE	<b>E:</b>				
Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number f information you are providing.	ADDRESS:	AND HOLE AND	ACTION OF THE PROPERTY OF THE		ann an	·	And the second s	en e			* , * *.	
Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number f information you are providing.		The state of the s	1. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ĀĎ	DITIONAL IN	VFORMA	TION			ar de la companyación de la comp		
	Please provide information you	any additional are providing.	information					). Indicate	the part o	r section	number	for t
			The state of the s	O THUS	29 VANSON		A STATE OF THE STA	and pulsors will fact	ACCUMENTATION OF THE PROPERTY			iorreaniPM*NM++i
		and the second s		A STATE OF THE STA	ACT AND PROPERTY THE PROPERTY OF THE PROPERTY			<b>30</b>	CT CONTROL AND ADDRESS OF THE ADDRES			-
		The state of the s										
		THE THE PROPERTY OF THE PROPER				. •		. ,	•			
		Name of Street, Street	. •									-
		HITTERSHIP PACCHIN				*						
		SCHOOL STATE OF STATE									-	
	*	ender Attacks and							-			
		and distributions to be distributed to the distribution of the dis							1			-
	•	WENDWING INC.		•	ż	•		. ,	*			
	v	IANVA ENGLANT MANAGEMENT		*								
		TAKEN MAKANAN ING			٠.,	٠.						
		der House						÷				
								-				
				.* *								
			•	:	1 - 1	•	• ·					
					*:						· ·	
							. **		4	. *		
			•					e" ·			٠	
				- '						•		
		,				*		-				
	· ·											
		:		•					. •	٠.		
								`				
	· NOTE OF THE PROPERTY OF THE					-	-					
	-		:									
	PHINI THE PRINCE OF THE PRINCE											
	IDENTIFY AFA										-	
	- IIII	-	•	•	. "							
	BAARITEGARATE				-							
with a state a contract contra	e e e e e e e e e e e e e e e e e e e		. •		•							
Terropopore Madri da Assanti	distribución de la constantida del constantida de la constantida del la constantida del constantida de	-								•		
No. of the control of	меноницироров по	• · ·	.•	-			:	•			14	
	NAT ALBERTHINGS						٠		-		•	
To Constanting	hitAttaaletHidiss	•	•	-		•						